FORM D



09002571

UNITED STATES 14548 SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D
NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
NIFORM LIMITED OFFERING EXEMPTION

	OMB AF	PROVAL
Expires: Estimate	ed average	3235-0076 January 31, 2009 burden 16.00
	SEC US	SE ONLY
Prefix		Serial
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	DATE R	ECEIVED
	1	I

Name of Offering	(check if this is an a	mendment and name I	has changed, and ir	idicate change.)						
Limited Partner Intere	ests									
Filing Under (Check bo	ox(es) that apply):	Rule 504	☐ Rule 505	⊠ Rule 506	Section 4(6)	ULOE				
Type of Filing:	New Filing	☐ Amendment								
		A. BASIC	DENTIFICAT	ION DATA	65. 18	: 0 :24 ch				
Enter the information	tion requested about th	e issuer			स्युट	माना प्राकृतकाल				
Name of Issuer										
Austin Capital Baland	ed Fund, Ltd.				ال	N 5 4 8008				
Address of Executive (Offices		(Number and Stree	et, City, State, Zip Co	ode) Telephone Nu	mber (Including Area Code)				
c/o Austin Capital Management, Ltd., 5000 Plaza on the Lake Boulevard, Suite 250, Austin, TX 78746										
Address of Principal O	ffices		(Number and Stree		ode) Telephone Nu	imber (Including Area Code)				
(if different from Execu	tive Offices)		1	FEB 0 2 2009						
Brief Description of Bu	siness: private ir	vestment company	X)	1 50 0 % 5000	_					
THOMSON PEUTERS										
Type of Business Orga	nization		#11	0141001417201						
	corporation	🛭 limited p	artnership, already	formed	other (please sp	ecify)				
	business trust	☐ limited p	artnership, to be fo	rmed						
			Month	Yea	r					
Actual or Estimated Da	ate of Incorporation or C	Organization:	1 0	9	6 ⊠ Act	ual Estimated				
Jurisdiction of Incorpor	ation or Organization:	Enter two-letter U.S. F	Postal Service Abbre	eviation for State;						
	CN for Canada; FN for other foreign jurisdiction) T X									

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securitie's Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are

not required to respond unless the form displays a currently valid OMB control number. A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Director □ General and/or Managing Partner Check Box(es) that Apply: □ Promoter ☐ Beneficial Owner ☐ Executive Officer Full Name (Last name first, if individual): Austin Capital Management, Ltd. 5000 Plaza on the Lake Boulevard, Suite 250, Austin, TX 78746 Business or Residence Address (Number and Street, City, State, Zip Code): □ Director □ General Partner of General ☐ Beneficial Owner □ Executive Officer Check Box(es) that Apply: □ Promoter Partner Full Name (Last name first, if individual): Austin Capital Management GP Corp. Business or Residence Address (Number and Street, City, State, Zip Code): 5000 Plaza on the Lake Boulevard, Suite 250, Austin, TX 78746 □ Director of General Partner of General Partner ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer Check Box(es) that Apply: ☐ General and/or Managing Partner Full Name (Last name first, if individual): Charles W. Riley Business or Residence Address (Number and Street, City, State, Zip Code): 5000 Plaza on the Lake Boulevard, Suite 250, Austin, TX 78746 □ Promoter ☐ Beneficial Owner ☐ Executive Officer □ Director of General Partner of General Partner Check Box(es) that Apply: ☐ General and/or Managing Partner Full Name (Last name first, if individual): Brent A. Martin 5000 Plaza on the Lake Boulevard, Suite 250, Austin, TX 78746 Business or Residence Address (Number and Street, City, State, Zip Code): □ Director of General Partner of General Partner Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner □ Executive Officer General and/or Managing Partner Full Name (Last name first, if individual): David C. Brown 5000 Plaza on the Lake Boulevard, Suite 250, Austin, TX 78746 Business or Residence Address (Number and Street, City, State, Zip Code): □ Director of General Partner of General Partner ☐ Beneficial Owner ☐ Executive Officer Check Box(es) that Apply: Promoter ☐ General and/or Managing Partner Full Name (Last name first, if individual): Robert L. Wagner Business or Residence Address (Number and Street, City, State, Zip Code): 5000 Plaza on the Lake Boulevard, Suite 250, Austin, TX 78746 ☐ Beneficial Owner Director of General Partner of General Partner Check Box(es) that Apply: ☐ Promoter □ Executive Officer ☐ General and/or Managing Partner Full Name (Last name first, if individual): James P. Owen Business or Residence Address (Number and Street, City, State, Zip Code): 5000 Plaza on the Lake Boulevard, Suite 250, Austin, TX 78746 ☐ General and/or Managing Partner ☐ Beneficial Owner □ Executive Officer □ Director Check Box(es) that Apply: Promoter Full Name (Last name first, if individual): Business or Residence Address (Number and Street, City, State, Zip Code):

B. INFORMATION ABOUT OFFERING														
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?														
2.	What is the minimum investment that will be accepted from any individual?										\$500,000 (may be waived)			
	Does the offering permit joint ownership of a single unit?										⊠ Yes □ No			
; (4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.													
Full N	ame (L	ast na	me first, if	individual	N/A	•								
Busin	ess or l	Reside	ence Addre	ess (Numb	er and Str	eet, City, S	State, Zip (Code)						
Name	of Ass	ociate	d Broker o	or Dealer										
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F'ull N	ame (L	ast na	me first, if	individual)									
Busin	ess or f	Reside	ence Addre	ess (Numb	er and Str	eet, City, S	State, Zip (Code)						
Name	of Ass	ociate	d Broker o	or Dealer					•					,
				d Has Soli neck indivi	*									☐ All States
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Full Name (Last name first, if individual)														
Business or Residence Address (Number and Street, City, State, Zip Code)														
Name of Associated Broker or Dealer														
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)														
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(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Amount Already Type of Security Offering Price Sold Debt \$ Equity......\$ ☐ Common ☐ Preferred Convertible Securities (including warrants)..... Partnership Interests 0 100,000,000 26,213,913 100,000,000 Total 26,213,913 Answer also in Appendix, Column 3, if filing under ULOE Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Number Dollar Amount of Purchases Investors Accredited Investors..... Non-accredited Investors Total (for filings under Rule 504 only) 0 Answer also in Appendix, Column 4, if filing under ULOE If this filling is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1. Types of Dollar Amount Type of Offering Security Sold Rule 505 Regulation A N/A **Rule 504** N/A Total N/A \$ Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees. 0 Printing and Engraving Costs.... 2,500 Legal Fees 15,000 Accounting Fees 7,500

Engineering Fees.....

Sales Commissions (specify finders' fees separately)

Total

0

0

5,000

30,000

	. C. OFFERING PRICE, NUMB	ER OF INVESTORS, EXP	ENSES	AND USE OF P	ROCEEDS	3		
4	b. Enter the difference between the aggregate offering Question 1 and total expenses furnished in response to "adjusted gross proceeds to the issuer."	Part C-Question 4.a. This difference	ence is the	e	<u>\$</u>		99,970,000	
5	Indicate below the amount of the adjusted gross proceed used for each of the purposes shown. If the amount for estimate and check the box to the left of the estimate. The adjusted gross proceeds to the issuer set forth in restaurant of the interest of th	any purpose is not known, furnis he total of the payments listed m	h an ust equal	Payments to Officers, Directors & Affiliates		I	Payments to Others	
	Salaries and fees			<u>\$</u>	□	\$	<u>.</u>	
	Purchase of real estate			\$	□	\$		
	Purchase, rental or leasing and installation of ma	chinery and equipment		\$	□	\$		
	Construction or leasing of plant buildings and fac	ilities		\$	□	\$		
	Acquisition of other businesses (including the val offering that may be used in exchange for the ass	sets or securities of another issue		<u>\$</u>	0	<u>\$</u>		
	pursuant to a mergerRepayment of indebtedness		\Box	\$		\$		
	Working capital			\$	🛛	\$	99,970,000	
	Other (specify):		<u>\$</u>		\$			
				\$		\$		
	Column Totals			\$	🛛	\$	99,970,000	
	Total payments Listed (column totals added)		\$99,970,000					
		D. FEDERAL SIGNATU	RE					
CO	is issuer has duly caused this notice to be signed by the unstitutes an undertaking by the issuer to furnish to the U.S. the issuer to any non-accredited investor pursuant to para	Securities and Exchange Com	on. If this mission, u	s notice is filed under upon written request o	Rule 505, the of its staff, the	follow inform	ring signature nation furnished	
Iss	uer (Print or Type)	Signature	-	_	Date	1	1	
Au	stin Capital Balanced Fund, Ltd.	Donane B	ati	ton		i [15/09	
Na	me of Signer (Print or Type)	Title of Signer (Print or Type)					1	
Du	ane Mattson	Authorized Person						

ATTENTION

END

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)